

VOLLEYBALL CLINIC

Sponsored by the City of Huntsville Parks & Recreation

HOSTED BY RCVC

WHERE: CHALLENGER ELEMENTARY SCHOOL GYM

WHEN: JULY 28-30

TIME: 5 PM - 6:30 PM

FEE: FREE

INSTRUCTOR: ROSE POWELL

FOR MORE INFORMATION PLEASE CALL: 256-883-3715 MONDAY -FRIDAY FROM
10:00 AM - 6:00 PM OR EMAIL CHALL.PROG@HUNTSVILLEAL.GOV



Detach here

VOLLEYBALL CLINIC

NAME: _____

ADDRESS: _____ CITY & ST: _____ ZIP: _____

TELEPHONE: _____ M__F__ AGE: _____ YEARS OF EXPERIENCE _____

ARE YOU UNDER A DOCTORS' CARE OR TAKING MEDICATION? __Y__N

IF YES, PLEASE EXPLAIN _____

CONTACT PERSON (IN CASE OF EMERGENCY): _____ TELEPHONE: _____

In consideration of your accepting my entry, I hereby, for myself, my heirs, executors and administrators, waiver and release any and all rights and claims for damages I may have against the City of Huntsville and its representatives, successors and assigns for any and all injuries suffered by myself at any activity sponsored by the department.

Signature: _____ Date: _____